



CONTRACT NO. 16-0601

Recycling and Removal of Refrigerant from White Goods

LAKE COUNTY, FLORIDA, a political subdivision of the state of Florida, its successors and assigns through its Board of County Commissioners (hereinafter "County") does hereby accept, with noted modifications, if any, the quotation of Florida Refrigeration & Air Conditioning, Inc. (hereinafter "Contractor") for the recycling and removal of refrigerant from white goods on an as-needed basis to the County pursuant to County RFQ number Q2015-00163 (hereinafter "Bid") and the Contractor's response thereto with all County Bid provisions governing.

A copy of the Contractor's signed quote is attached hereto and incorporated herein, thus making it a part of this Contract except that any items not awarded have been struck through.

No financial obligation under this contract shall accrue against the County until a specific purchase transaction is completed pursuant to the terms and conditions of this contract.


Contractor shall submit the documents hereinafter listed prior to commencement of this Contract: **Insurance Certificate.**

The County's Procurement Services Manager shall be the sole judge as to the fact of the fulfillment of this Contract, and upon any breach thereof, shall, at his or her option, declare this contract terminated, and for any loss or damage by reason of such breach, whether this Contract is terminated or not, said Contractor and their surety for any required bond shall be liable.

This Contract is a one year term contract, effective from October 1, 2015 through September 30, 2016, except the County reserves the right to terminate this Contract immediately for cause and/or lack of funds and with thirty (30) day written notice for the convenience of the County.


Any and all modifications to this Contract must be in writing signed by the County's Procurement Services Manager.

LAKE COUNTY, FLORIDA

By: 
Senior Contracting Officer

Date: 8-11-2015

Distribution: Original-Bid File
Copy-Contractor
Copy-Department

 <p>LAKE COUNTY FLORIDA</p> <p>REQUEST FOR QUOTATION (RFQ)</p> <p>Commodity Code(s): 991-390, 991-391, 991-705</p> <p> <input checked="" type="checkbox"/> Open Market <input type="checkbox"/> Existing Contract <input checked="" type="checkbox"/> Original <input type="checkbox"/> Modified </p>	<p>RFQ No: Q2015-00163</p> <p>Due Date: 7/31/2015 at 3 p.m.</p> <p>Pre-Proposal Conference: Not Applicable</p> <p>Send Response To</p> <p>Name: Mr. Johnny Taylor</p> <p>Address:</p> <p>Phone: 352.253.1684 P. O. BOX 7800 Tavares, FL 32778</p> <p>Fax: 352.253.1695</p> <p>Email: jtaylor@lakecountyfl.gov</p>
	<p>THIS IS A PRICE INQUIRY. THIS IS NOT AN ORDER.</p> <p>Terms and conditions governing this quotation are attached hereto. Insurance requirements, if applicable, are also attached hereto as part of this document. As this price request constitutes an inquiry, and not an order, it implies no obligation to purchase on the part of Lake County.</p>

RECYCLING AND REMOVAL OF REFRIGERANT FROM WHITE GOODS

All prices submitted are to be on the form below in accordance with all terms and conditions set forth in this Request for Quotation. Prices quoted should be in unit of measure shown. Any award resulting from this RFQ will be made to the responsive, responsible vendor which offers the lowest price on an **aggregate** basis. If award is noted to be made on an aggregate basis, any vendor response that fails to include pricing for all items may be rejected.

Quotations must be received by 3 p.m. on the due date and at the response location listed above.

Prices shall be quoted F.O.B. Destination – inside delivery, freight included and shall be inclusive of all costs. Current and/or anticipated applicable fuel costs should be considered and included in the price quoted.

Work must be completed within **7 days** after issuance of purchase order or notice to proceed.

For questions regarding the commodities/services listed in this quote or for information regarding quotation procedures, terms and conditions, contact the County Point of Contact designated above.

Description	Details	Quantity	Unit of Measure	Unit Price	Extended Price
Recycling and removal of Refrigerant from white goods	Vendor will remove and properly reclaim Freon refrigerant from refrigerators and air conditioners units prior to disposal/ recycling	60	Monthly	\$ <u>330.00</u>	\$ <u>3960.00</u>
Technicians	The labor rate per hour: \$ _____ x travel time to and from facility _____	2	Monthly	\$ <u>X</u>	\$ <u>X</u>
				Total Price: <u>\$ 3,960.00</u>	

Specifications and/or Special Conditions

Purpose:

The purpose of the solicitation is to establish a contract for a qualified vendor to remove freon from white goods at Lake County's Central Solid Waste Facility at 13130 County Landfill Rd., Tavares, Florida, 32778.

Scope of service:

1. The Vendor shall provide the service as follows: Utilize the proper recycling method to reclaimed refrigerant from refrigerators and air conditioners units prior to disposal/recycling. Vendor disposes at Total Reclaim or similarly approved disposal facility.
2. The Vendor shall provide all equipment necessary to recover and recycle refrigerants, cylinders, etc., in accordance with E. P. A. Stratospheric Ozone Protection Section 608 Clean Air Act of 1990, which contain many measures to protect the ozone layer. This includes prohibiting the release of CFC and HCFC refrigerants during the service, maintenance and disposal of air conditioners (and all other equipment that contains these refrigerants). Individuals who work on such equipment must follow E.P.A. regulations for ozone-safe service practices including recovery and recycling of refrigerant.
3. The Vendor must take precautions necessary to protect persons or property against injury or damage and be responsible for any such damage, or injury that occurs as a result of its fault or negligence.
4. The Central Solid Waste Facility (Landfill) will contact Vendor within 7 business days and coordinates dates and time for services excluding Sunday and Holidays. **The Vendor will be expected to provide services at the Central Facility - Monday through Friday 7:30 a.m. to 5:00 p.m. at a minimum.**
5. The Vendor shall not be responsible for removal or disposal of refrigerators or air conditioners from Central Solid Waste Facility.
6. Bids are to be expressed as Labor rate per man hours, which include travel time. A rate of amount/pounds for all refrigerants reclaimed. A rate of amount/pounds for all refrigerants that are destroyed.

Bid formulas are as follows: (Mandatory: Must be completed by all bidders/Vendors)

Ø Removal Services of recycle cylinders, refrigerants from refrigerators and air conditioners units at Central Solid Waste Facility (Landfill).

Labor Rate: \$ 65 /Per Man Hours (Include travel time)

Reclaimed Rate: \$.15 /LB. for all refrigerants reclaimed.

Destroyed Rate: \$ 3.25 /LB. for all refrigerants that are destroyed.

7. Vendor shall provide a copy of invoice to Lake County Public Works Solid Waste Division which include total amount of refrigerant processed in pounds and the amount of refrigerators, air conditioners and cylinders processed with invoice for payment.
8. The County reserves the right to terminate this Notice of Award within 30 days of written notice
9. County staff member shall notify Vendor for pickup, by either telephone or e-mail and keep a log of telephone or e-mail notifications that list the date and time of the notification, the County staff member that made the telephone or e-mail call, and the name of the Vendor's employee that received the telephone or e-mail call. Failure to respond to service requests at the rate of one (1) tardy response per QUARTER for two (2) consecutive QUARTERS shall be grounds to cancel or not to award the contract at the discretion of the County. Service response exceptions will be considered for County holidays and weekends
10. The vendor shall operate a facility to process recovery of refrigerant that is located within a sixty (60) mile radius of Lake County Central Solid Waste Facility.

Method of award:

Award of this contract will be made to the responsive and responsible vendor who submits quality bid for the material listed in the solicitation. However, if primary vendor is unable to make accommodations for service ordered, the County will have the option to use second to bidder to keep from storing too much product on site. The County has the right to reject any and all bids submitted for the listed solicitation.

Submission of RFQ:

Please submit all bids offers electronically

Term of contract:

This contract shall commence on October 1, 2015 and terminate September 30, 2016. The County may terminate this contract without cause upon thirty (30) days written notice.

Certifications:

Each vendor interested in bidding on contract must be a registered vendor for Lake County through the office of Procurement Services under Hazardous Waste Services Code(s): 991-705, 991-390, 991-391 and have proof of insurance, business license, and Federal Tax ID. Adequate subcontractor's insurance shall be the responsibility of the vendor. Vendor shall ensure that subcontractors are properly insured to meet the County's requirements before subcontractors are permitted to commence work pursuant to this contract. Vendor shall provide a copy of its current Recovered Materials Dealer Certification from the State of Florida Department of Environmental Protection to certify that it is qualified, approved and licensed to accept and process recyclables and market recovered materials pursuant to federal, state, and local laws.

Dress code/Demeanor/Responsibilities:

The dress code for Vendors and/or Vendor's contractors shall consist of shirt, pants or shorts, work shoes or boots. All workers shall discharge their duties in a courteous and efficient manner and it is the responsibility of the Vendor to ensure this is done. All leaks from driver's equipment or loss of material due to a lack of improperly processing of material will be the responsibility of the Vendor. Central Solid Waste Facility stands down for lightning and will resume operations after threat has passed.

Ship To:

Solid Waste
13130 County Landfill Road
Tavares, FL 32778
Mr. Johnny Taylor
352.253.1684

Bill To:

Solid Waste
P. O. Box 7800
Tavares, FL 32778
Natalie Swallows
352.253.1684

Certain insurance requirements apply to any purchase in response to this RFQ: Yes

If "yes" is specified above, the specific requirements are described within this RFQ. The vendor selected for award must provide a Certificate of Insurance that clearly complies with the stated insurance requirements prior to issuance of any purchase order. Failure to do so within the requested timeframe (five (5) working days under otherwise noted) may be cause for rejection of that vendor's response.

I acknowledge and agree to abide by all conditions contained in this quotation as well as any special instruction sheet(s) if applicable. Payment terms 30 Days from receipt of materials and/or services and receipt of a proper invoice; delivery FOB Destination - Inside Delivery.

Company
Name

Florida Refrigeration

Signature

Johnny Taylor

Address Po Box 3211 Belleview FL 34421 Name/Title Terry G. Cheney, President
Phone 352-022-3828 Fax _____
Email Florida-refrigeration@gmail.com FEIN No 46-3011018 Date: 7/16/15
Prompt payment discount: _____ % if paid within _____ days.

Reciprocal Vendor Preference

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code

Primary Business Location: City: Belleview State: FL

Does this business maintain a significant physical location in Lake County at which employees are located and business is regularly transacted? _____ Yes ☒ No

If "yes", provide supporting detail:

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
FLORIDA REFRIGERATION & AIR CONDITIONING, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ Other (see instructions) ▶
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
PO BOX 3211

6 City, state, and ZIP code
BELLEVUE, FL 34421

7 List account number(s) here (optional)

Requester's name and address (optional)
LAKE COUNTY

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

or

Employer identification number								
4	6		-	3	0	1	1	0 1 8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *8-4-15*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.